

THIS NUMBER MUST APPEAR ON ALL PACKAGES AND CONTAINERS		PAGE NO.	NO. OF PAGES
ORDER - AWARD		0015-9	2
PREPARED BY GFS/BGA/ss	REFERENCE (QUOTATION/ CONTRACT/ INVITATION/ REQUEST NO.)	DATE OF ORDER/ CONTRACT 1 JULY 1969	DATE OF D. V.
<b>PURCHASE ORDER</b> - IN ACCORDANCE WITH YOUR QUOTATION AS INDICATED ABOVE PLEASE FURNISH THE FOLLOWING ON THE TERMS SPECIFIED ON BOTH SIDES OF THIS ORDER AND ON THE ATTACHED SHEETS, IF ANY, INCLUDING DELIVERY AS INDICATED.			
<b>DELIVERY ORDER</b> - SUBJECT TO INSTRUCTIONS CONTAINED ON THIS SIDE ONLY OF THIS FORM AND ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO THE TERMS AND CONDITIONS OF THE CONTRACT INDICATED ABOVE.			
<b>AWARD</b> - Your bid or proposal on the above numbered invitation for bids or request for proposals is hereby accepted as to the items enumerated below with the additions or changes made by you, which additions or changes are set forth in full below. This award of acceptance consummates the contract, which consists of the following documents, including any continuation sheets thereto (A) the government's invitation for bids and your bid or the government's request for proposal and your proposal (B) the schedule (C) the general provisions and (D) the government's award or acceptance. No further contractual document is necessary.			
(Contractor and Address)		MAIL INVOICE TO:	
25X1A		OFFICE OF FINANCE CENTRAL INTELLIGENCE AGENCY WASHINGTON, D. C. 20505	
SHIP TO: (Consignee and Address)		ISSUING OFFICE (Address Inquiries to)	
S-E-E B-E-L-O-W		PROCUREMENT DIVISION, CIA WASHINGTON, D. C. 20505 TELEPHONE NO.: 703-351-2175	
IMPORTANT: (Please comply with identification & marking instructions para. 12, reverse).			
DISCOUNT TERMS	DELIVER ON OR BEFORE	DELIVERY - F. O. B. →	CITY & STATE - SHIP VIA
NET	SEE BELOW	X	PREPAID
		DESTINATION	BILL COST REF. # 10 REVERSE
			OTHER
			AS SPECIFIED IN SCHEDULE
SCHEDULE			
ITEM NO.	SUPPLIES OR SERVICES	UNIT	QUANTITY (No. of Units)
25X1C	Maps, relief models and related materials including indicies, gazetteers, catalogs, atlases, cartographic aids, and reproductions published by the [REDACTED] (exclusive of maps received on automatic distribution and for use in fulfillment of [REDACTED] commitments) as may be required and requested by authorized representative(s) hereof and in accordance with the terms, provisions and procedures hereinafter set forth. Amount not to exceed \$1,000.00.  PERIOD - From 1 July 1969 through 30 June 1970.  METHOD OF ORDERING - Written order(s) or requests citing the number of this order will be issued by the Authorized Representative(s) shown below. Oral and telephone orders or requests shall be confirmed in writing.		25X1A
DO	DEFENSE ORDER CERTIFIED UNDER DMS REGULATION NO. 1.	TOTAL AMOUNT	1,000.00
RECEIVING		[REDACTED]	
DATE RECEIVED	PIECES	SHIPMENT NUMBER:	
		PARTIAL	FINAL
WEIGHT	CUBE	CARRIER	
QUANTITY IN "QUANTITY ACCEPTED" COLUMN HAS BEEN RECEIVED BY ME AND CONFORMS TO THE CONTRACT.			
SIGNATURE OF AUTHORIZED GOVERNMENT REP.			
TO BE INSPECTED BY			
PROCURED AS S. C.			
T and I	Other As Specified In Schedule	NNT	X ZERO ONE
ADV.	No. Dealers	No. Bids Rec'd.	Awarded To Lowest Bidder As To Price Expenditure.
			YES NO Statement Attached
CHARGE ALLOTMENT NO.	COST CENTER SYMBOL	PURSUANT TO SEC. 3(a) PL 81-110, 1949 AND APPLICABLE AGENCY REGULATION	
0498-5800	0158-3300		
REQUISITION NO.	BUDGET REQ. OFFICE COPY TO		
0425	QBI		
NAME - ROOM - BUILDING			
For STOCK: ALLOCATION NO.	For SHIPMENT: STATION NO.		
		AIR	SEA
		POUCH	OTHER (Specify)
NOT SUBJECT TO F.P.A. (Pay on basis of certification on) →	INVOICE BY AN APPROVING OFFICIAL (O/F forward to office shown above.)	RECEIVING REPORT BY AN APPROVING OFFICIAL W/O DEBIT VOUCHER NO.	OTHER (AS SPECIFIED IN SCHEDULE OR BELOW)
MEMORANDUM			

# CONTINUATION SHEET

Approved For Release 2001/08/09 : CIA-RDP86-00244R000100010015-9

THIS NUMBER MUST APPEAR ON ALL PACKAGES AND ORDERS  
 ORDER/CONTRACT NO.  
**70-425**

PAGE NO.

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CONTRACTOR

ARMY MAP SERVICE

## SCHEDULE

ITEM NO.	SUPPLIES OR SERVICES	UNIT	QUANTITY (NO. OF UNITS)	UNIT PRICE	AMOUNT	AMOUNT BILLED
<p><b>AUTHORIZED REPRESENTATIVE(S):</b></p> <div style="background-color: black; width: 100px; height: 40px; margin: 10px 0;"></div> <p style="text-align: right;">25X1A</p> <p>Telephone 351-5277</p> <p><b>DELIVERY</b> - The place, time, etc., for the delivery of supplies under this Agreement shall be as is agreed upon between the authorized representative and Contractor at time individual request is made.</p> <p><b>BILLING</b> - As reimbursement is desired kindly submit Standard Form 1060 to the address shown in Mail Invoice To above referencing the order/contract no. 70-425. Billing shall not be more frequent than once each month.</p>						